

## Notice of Eligibility - Residential Owner

INSERT DATE

INSERT NAME

INSERT ADDRESS

### **Relocation Assistance Program**

#### **Notice of Relocation Eligibility, Entitlements & 90-Day Assurance**

Project Title: INSERT PROJECT NAME

Parcel No.: INSERT PARCEL #

Displacee No.: INSERT DISPLACEE #

Dear INSERT NAME:

On INSERT OFFER DATE the AGENCY offered to purchase your dwelling located at INSERT ADDRESS. According to information you have provided, you have occupied the above dwelling since INSERT OCCUPIED DATE.

You are eligible to receive relocation assistance in accordance with the terms and provisions of Public Law 91-646 and the implementing regulations found in 49 Code of Federal Regulations (CFR) Part 24 and Revised Code of Washington (RCW) 8.26 and the implementing regulations of Washington Administrative Code (WAC) 468-100. The purpose of this letter is to advise you of the relocation assistance services and entitlements that may be available to you in accordance with the federal and state laws and regulations cited above.

#### **Price Differential Entitlement**

As an owner occupant of 180 or more days, you may be entitled to a Price Differential Payment. This payment is based upon the difference between the acquisition price of your home and the amount necessary to purchase a comparable replacement dwelling currently available on the market.

Listed below are three comparable dwellings that are presently available for purchase:

<b><u>Address</u></b>	<b><u>Asking Price</u></b>
1.	\$
2.	\$
3.	\$

Name

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Comparable number INSERT BEST COMP NUMBER is considered to be the most comparable to the subject dwelling. Based on the asking price of comparable number INSERT BEST COMP NUMBER your maximum price differential is **\$INSERT PRICE DIFFERENTIAL**. This amount is the maximum that the AGENCY can pay to reduce the purchase price of your replacement dwelling. The amount of your maximum price differential is based on the asking price of comparable number INSERT NUMBER, \$INSERT AMOUNT, less the appraised value of your dwelling, \$INSERT APPRAISAL AMOUNT.

The amount of your **actual** price differential will be based upon the actual purchase price of your replacement dwelling. For instance, if you spend \$INSERT PRICE OF BEST COMP or more on your replacement house, you will receive the maximum price differential of \$INSERT MAX PRICE DIFFERENTIAL. For every dollar you spend on your replacement below \$INSERT PRICE OF BEST COMP, your price differential will be one dollar less. If you receive more than the appraised value for your dwelling, your price differential will be reduced.

If you decide not to purchase a replacement dwelling and elect to rent instead, you may be eligible for a rental assistance payment. Please call me if you would like to rent so that I can compute the rent supplement amount.

#### **Incidental Purchase Expenses**

You may be reimbursed for certain other incidental purchase expenses required to purchase your replacement dwelling. Reimbursable expenses may include costs for title search, recording fees, appraisal fees, loan origination fees, credit report, home inspection and other approved costs. Payment of costs are based upon several factors including the amount of your present mortgage and the cost of the comparable used to compute the Replacement Housing Payment. The estimated amount of these reimbursable costs can be determined once you have received a preliminary closing statement for the purchase of your replacement dwelling.

#### **Increased Mortgage Interest Costs**

You may be eligible to receive payment for increased mortgage interest costs if the interest rate on your new mortgage is greater than that of your present mortgage. The exact amount of the interest differential can be determined once you have obtained a loan commitment for the purchase of your replacement dwelling. Please contact me as soon as you begin looking for your loan so we can work with both you and your lender.

#### **Moving Entitlement**

You may select a commercial move, an actual cost move or a self-move schedule payment for moving your personal property. If you elect to have a commercial move, the AGENCY will obtain the services of a professional mover and will pay that mover directly. If you elect to complete an actual cost move you will be reimbursed for labor and equipment used to move your property. You will need to supply supporting documentation, such as paid receipts, to me. If you elect to complete a self-move with a schedule payment, you will be paid based on the number of eligible rooms. I have determined that you have INSERT NUMBER OF ROOMS eligible rooms, which entitles you to a moving payment of \$INSERT

Name

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SCHEDULE DOLLAR AMOUNT to move your own personal property. Once you decide how you wish to move, you will need to sign a Moving Expense Agreement.

### **Advisory Assistance**

I will be available to answer any questions about your relocation entitlements. You will be provided with assistance in completing claim forms. If you request, transportation will be provided so you may inspect replacement housing. Information concerning other available government programs such as Section 8 housing, unemployment benefits, food stamps, etc. will be provided on request.

### **Claiming Your Entitlement**

You must notify me of the date you intend to move and sign a Moving Expense Agreement. Once you have vacated the property completely you will need to schedule a vacate inspection with me. Once I have verified that all personal property has been removed, I will prepare a claim, secure appropriate signatures and submit the claim for processing and payment.

Prior to processing claims for relocation entitlements, you will need to complete Internal Revenue Service (IRS) Form W-9 Request for Taxpayer Identification Number and Certification. The AGENCY is required by the IRS to obtain this completed form from anyone to whom a payment is made. This is necessary even though relocation payments are considered non-taxable. If you have already completed this form, please inform me.

In order to be entitled to your replacement housing payment you must purchase (or rent) **and** occupy a decent, safe and sanitary dwelling within one year from the later of: (1) the date the state makes final payment for the acquisition of your property, (2) the date the full amount of Just Compensation is deposited in the court, or (3) the date you move from your present dwelling. You have 18 months after that same date in which to actually claim any relocation entitlement.

Prior to signing a rental or purchase agreement for your replacement dwelling, please contact me for an inspection of the dwelling. This inspection will ensure that the property meets Decent, Safe and Sanitary requirements noted in the relocation brochure. The inspection must be completed before any replacement housing payment can be made.

### **90-Day Assurance**

You are not required to relocate immediately. You will not be required to vacate the property before INSERT ASSURANCE DATE, which is at least 90 days from the date you receive this letter.

### **Occupancy of Property**

Occupancy of the property beyond the date that the AGENCY takes possession of the property will require you to sign a lease. If you enter into a lease with the AGENCY to rent the displacement property, nonpayment of rent may result in a loss of all or part of your relocation entitlements.

### **Right to Appeal**

Name

Date

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You have the right to appeal any determination the AGENCY should make as to your eligibility for, or the amount of, any payment. If you disagree with any determination regarding your relocation entitlements you may appeal our determination within 60 days by simply explaining your grievance and requesting an appeal in a letter to:

Agency

Attn:

Address

City, State, Zip

As previously stated, the purpose of this letter is to provide specific information as to how your entitlements are calculated and how you may claim them. Please sign the receipt below so our records show you received this letter. Feel free to contact me for any clarification and any questions you may have.

Sincerely,

INSERT SPECIALIST'S NAME

Relocation Specialist

Real Estate Services

INSERT SPECIALIST'S ADDRESS

INSERT SPECIALIST'S PHONE NUMBER AND FAX NUMBER

INSERT SPECIALIST'S E-MAIL ADDRESS

Acknowledgment of Receipt of Letter

Signature: \_\_\_\_\_ Date: \_\_\_\_\_